



**COMMUNITY DEVELOPMENT DIVISION
FREDERICK COUNTY, MARYLAND**

Department of Permits and Inspections

30 North Market Street • Frederick, Maryland 21701

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TTY: Use Maryland Relay Service

**TIP JAR/PUNCHBOARD MONTHLY REPORT
ON PREMISE**

IMPORTANT: A completed Monthly Report must be submitted **EVERY** month - regardless if any tip jars were sold or not.

PLEASE PRINT

Report for the month of _____ 20____

On Premise Tip Jar/Punchboard Permit # _____

Name of Organization _____

How many bags were PURCHASED this month? _____

How many bags were SOLD this month? _____

Based on the number of tip jars/punchboards **SOLD** this month, please fill in each blank (if answer is none, enter "0"):

1. TOTAL AMOUNT OF MONEY COLLECTED BEFORE PAYOUTS \$ _____

2. TOTAL AMOUNT OF MONEY PAID TO WINNERS \$ _____

3. NET PROCEEDS (subtract #2 from #1) \$ _____

4. BAG FEE COSTS FOR BAGS **SOLD** (not purchased) THIS MONTH \$ _____
(You need to match up the tip jar serial numbers with the correct invoice from your
Distributor in order to determine the correct bag fee costs for the month.)

5. PROCEEDS (subtract #4 from #3) \$ _____

6. List the name(s) of the distributor(s) that you purchased the TIP JAR/PUNCHBOARD supplies from:

Signature of Representative (Responsible Person Listed on Permit)

Date

Printed Name

Daytime Phone Number

OFFICE USE ONLY

Date Received: _____